

MDCH Interim Guidance for Monitoring and Movement of Asymptomatic Persons with Potential Ebola Virus Exposure ¹				
Risk ²	Monitoring Type	Client	Local Health Department (LHD) Actions	Work
High Risk <ul style="list-style-type: none"> • Direct contact • Needle stick or splash to mucous membranes • Body fluids directly on skin • Handling body fluids without PPE or recommended lab precautions • Touching a dead body without PPE • Cared for a patient in a US hospital at which another healthcare worker contracted Ebola with unknown transmission 	Self-Quarantine⁴ <ul style="list-style-type: none"> • Controlled movement • Exclusion from public places • Exclusion from work places Direct Active Monitoring¹	<ul style="list-style-type: none"> • No travel unless approved by LHD • Stay home • Must communicate with LHD twice daily: temperature and health status 	<ul style="list-style-type: none"> • Maintain visual and oral communications with individual twice daily (one per day may be by phone, email or text)³ • Ensure additional restrictions: controlled movement, exclusion from public places, and exclusion from gatherings • Coordinate allowed travel according to controlled movement standards • Facilitate uninterrupted direct active monitoring 	No work outside of home (telework permitted)
Some Risk <ul style="list-style-type: none"> • Close contact (within 3 feet) of a person with or showing symptoms of Ebola without PPE for a long time • In countries with widespread Ebola, direct contact with a person showing symptoms of Ebola while wearing PPE 	Direct Active Monitoring¹ <i>(If self-quarantine recommended follow high risk category)</i>	<ul style="list-style-type: none"> • Travel coordinated with LHD • No movement using mass transit, no public places or gatherings • Must communicate with LHD twice daily: temperature and health status 	<ul style="list-style-type: none"> • Maintain visual and oral communications with individual twice daily (one per day may be by phone, email or text)³ • Assess individual's situation and determine additional restrictions: controlled movement, exclusion from public places, and exclusion from gatherings • Coordinate any travel to assure uninterrupted direct active monitoring 	Work dependent on employer and LHD approval
Low Risk (but not zero) <ul style="list-style-type: none"> • Been in a country with widespread Ebola within the past 21 days, without exposure • Brief contact or being in the room with a person with Ebola • Traveled on an aircraft with a person while the person was symptomatic • Epidemiologists, contact tracers, screeners, lab workers who used appropriate PPE • Cared for Ebola patient in U.S. facility while wearing appropriate PPE with no known breaches 	Active Monitoring of general population¹ Direct Active Monitoring for healthcare workers¹	<ul style="list-style-type: none"> • No travel restrictions • Must communicate with LHD twice daily: temperature and health status 	<ul style="list-style-type: none"> • Active - LHD may receive reports twice daily by phone, email or text if appropriate • Direct Active - Maintain visual and oral communications with individual twice daily (one per day may be by phone, email or text)³ • Assess individual's situation and determine additional restrictions: controlled movement, exclusion from public places, and exclusion from gatherings • Coordinate any travel to assure uninterrupted direct active monitoring 	No restrictions on work
No Identified Risk <ul style="list-style-type: none"> • Traveled more than 21 days ago or to other unaffected countries in Africa • Contact with an asymptomatic person with Ebola before the person developed symptoms 	No Actions	No Actions	No Actions	No restrictions on work

¹[Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure](#)

²[Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus](#)

³Healthcare workers-LHD may delegate the responsibility for monitoring to healthcare facility's occupational health program or epidemiologist

⁴Quarantine and monitoring for 21 days. 90% of the time symptoms occur within 2 weeks. Mandatory quarantine should only be considered in extreme circumstances for lack of adherence to self-quarantine or flight risk.